4 /			SION OF HEALTH - STANDARD CERTIFICATE OF DEATH 62-025576
DEPARTMENT OF PU			Registration District No
DO NOT WRITE AF ON THIS STUB	MENDED _	_ =	FILED JUL 9 1962
vs 300 a			1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE 5 b. COUNTY admission)
Rev. 4/59	1 1	1 -	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits
VS 300 Rev. 4/59 Q			OR OR OR TOWN - Yes OT NO I
1 4002		-	c. FULL NAME OF (if NOT in hospital, give location) Inside Limits d. STREET (if cutside, give location) Reside on Farm
2 4008 PA	- DATE		HOSPITAL OR INSTITUTION St.Louis County Hospital Yes IX No 8921 Boyce
3 2			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
4		_	GEORGE F ROGIES DEATH June 28 1962 5. SEX 6. COLOR OR RACE 7. Married D Never Married B DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
			Widowed
5 ,		-	male white Widowed 6/23/1891 71 years 71 years 71 years 72 years 73 years 74 years 75 years 75 years 75 years 76 years 76 years 76 years 76 years 77 years 77 years 77 years 77 years 77 years 78 years 79 years
6 8		J	during most of working life, even if retired)
7 .		I -	printer St. Louis. Missouri U. S. A. 136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
<u> </u>			George J. Rogles Minnie Buddensieck Anne Rogles
8 0 9		1-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Lie. SOCIAL-SECURITY NO. 17. INFORMANT Address
94200 W		1_	(Yes, no, or unknown) (If yes, give war or dates of service Yes W W I Anne Rogles - 8921 Boyce
10 ×		ż	18. CAUSE OF DEATH (Enter only one cause per line of PART I. DEATH WAS CAUSED BY:
		₹	IMMEDIATE CAUSE (a) VIII O CONCOLOR WHO WILL OF TORUMBURE
RECO		DOCUMEN	Ostaria porotio hout Discoso Jupour
HIS REC			Conditions, if any, which gave rise to
13			above cause (a), stating the under-
		1 2	lying cause last. J DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was
0 0		9	disease condition given in PART I (a) there a pregnancy in last 90 days.
ΙΞΈ		2	│ ☐ Yes │ ☐ No │ ☐ Unknown
ON		CEPTIFICATION	
		FDICAL	20c. TIME OF Hou? Month, Day, Year INJURY a.m. p.m.
BLACK INK OR RITER RIBBON AM READ		1	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bldg., etc.)
			NOT WHILE AT WORK
BLAC OR SITER		1	21. 1 attended the deceased from May 1761, to MARLOS and last saw her him alive on 1844 1766
8 6			Death occurred at
USE BLAC OR TYPEWRITER SHOULD READ		М Ч	22a. SIGNAFURE OF TIPLE OF TIPLE OF TIPLE OF TIPLE OF THE SIGNED 3915 WOLDON BY WILL 62
	╌╂╼┼╼┥	≩ -	23d BURIAL TERMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
		AFFIDA	removal June 30,1962 Calvary Cemetery St. Leguis Missouri
ITEM		BY Ag	FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RESISTRIR'S SIGNATURE OF THE PROPERTY OF THE PROPERT
		■ Q	(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby	certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
r by		, Student Embalmer No
vorking under	my personal supervision.	
tudent	Signature of Student Embalmer	Signed Kolph C. Luclers
	Signature of Student Empainer	Licensed Embalmer No. 4225
		P. O. Address At. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.